

FAMILY:



BABY SITTER



PLANNER & GUIDE

FAMILY & HOME INFO



PARENT'S INFO:

MOM'S NAME: _____ MOM'S PHONE #: _____

DAD'S NAME: _____ DAD'S PHONE #: _____

IF NEITHER OF US ANSWER CALL:

NAME: _____ PHONE #: _____

WHERE WE'LL BE: _____

ADDRESS: _____

WHEN WE EXPECT TO BE AT HOME: _____

HOME INFO:

HOME ADDRESS: _____

GARAGE DOOR CODE: _____ HOME ALARM CODE: _____

HOME ALARM COMPANY: _____ PHONE #: _____

IN CASE YOU SET OFF THE ALARM: _____

USERNAME: _____ WIFI PASSWORD: _____

FAMILY RULES

NOTES & NEED TO KNOW

IN CASE OF EMERGENCY

 **IN CASE OF EMERGENCY CALL 911**

 **IN CASE OF FIRE:**

1. GET OUT OF THE HOUSE IMMEDIATELY
2. CALL 911 TO ADDRESS _____
3. MEET AT SAFE PLACE _____
4. CALL PARENTS

MOM: _____ DAD: _____

LOCATION OF:

TORCH: _____

SHELTER: _____

FIRST AID BOX: _____

FIRE EXTINGUISHER: _____

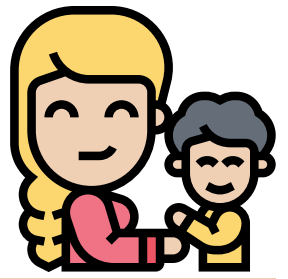
EMERGENCY NUMBERS

EMERGENCY CONTACT	
PEDIATRICIAN	
DENTIST	
PHARMACY	
URGENT CARE	
PREFERRED ER	
POISON CONTROL	
NON EMERGENCY POLICE	
NON EMERGENCY FIRE	

HEALTH INSURANCE: _____

CHILD NAME	DOB	ALLERGIES	MEDICATIONS

NANNY NOTES



NAME: _____

DATE: _____

MOOD: _____



SLEEP & NAP TIME

SLEPT FROM	SLEPT TO

DIAPERS

WET	DRY	TIME	NOTES
●	●		
●	●		
●	●		
●	●		
●	●		
●	●		

ACTIVITIES

TIME	ACTIVITY

ACTIVITIES

FOOD: _____
ACTIVITIES & GAMES: _____
TV SHOWS & MUSIC: _____
OTHER: _____

ADDITIONAL INFO

BATH TIME: _____
ALLERGIES: _____
MEDS/VITAMINS: _____
RESTOCK: _____
SCREEN TIME LIMIT: _____
NEW MILESTONE: _____
OTHER: _____

NOTES

A stylized illustration of a woman with long blonde hair and a pink shirt, standing next to a child with short grey hair and a yellow shirt. They are both smiling.

DATE:

THE KIDS



NAME: _____

AGE: _____

FAVOURITES: _____

NEED TO KNOW: _____

TECHNOLOGY ALLOWED: _____

NOTES: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

ALLERGIES: _____

TV ALLOWED: _____

NOTES: _____

NAME: _____

AGE: _____

FAVOURITES: _____

NEED TO KNOW: _____

TECHNOLOGY ALLOWED: _____

NOTES: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

ALLERGIES: _____

TV ALLOWED: _____

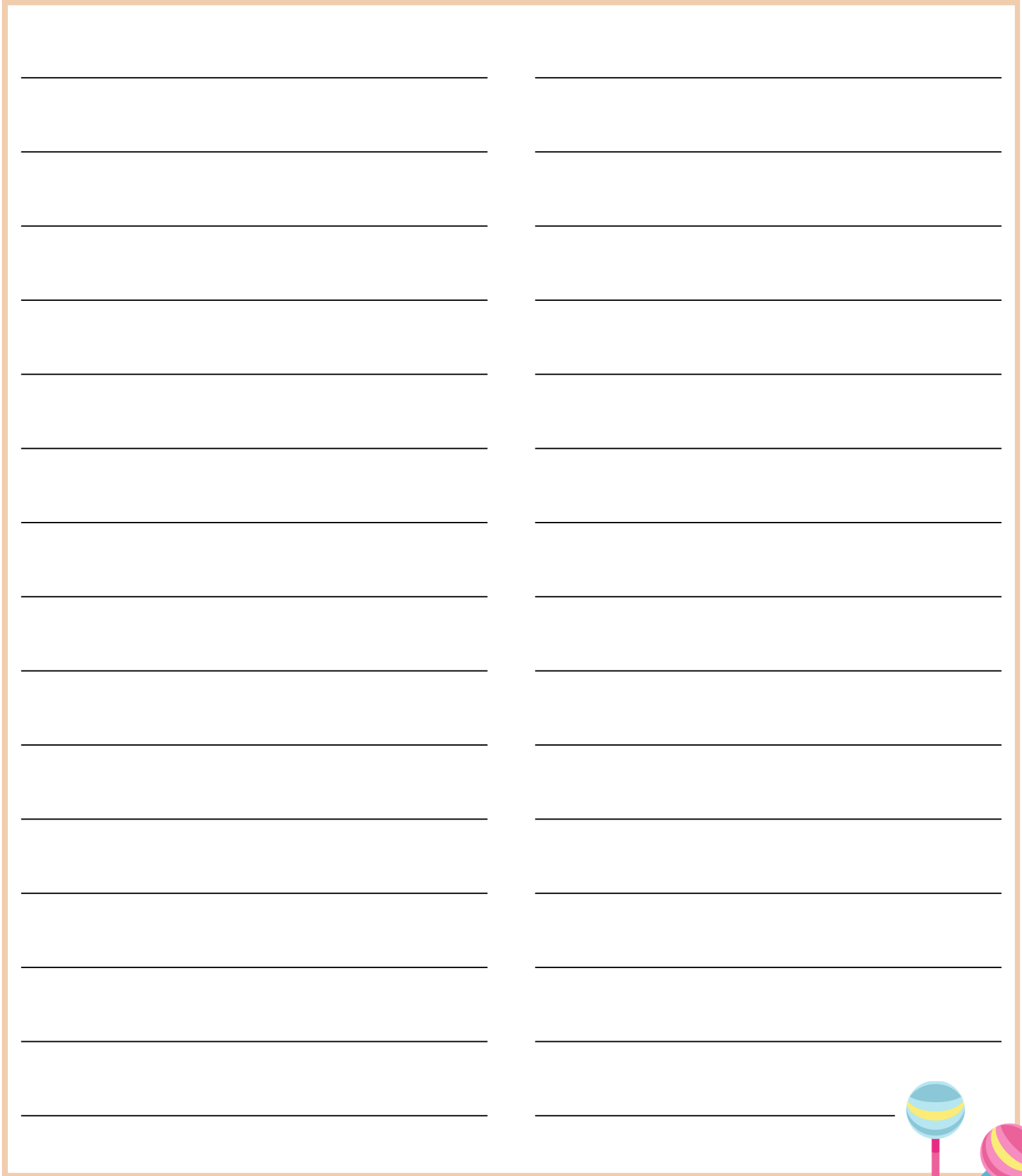
NOTES: _____

INFANT CARE REPORT



	FOOD	DIAPER	SLEEP	
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				



[illegible]

END OF THE DAY REPORT

MOOD/BEHAVIOUR

- ☐ HAPPY
- ☐ SAD
- ☐ CRANKY
- ☐ EXCITED
- ☐ TIRED
- ☐ SICK
- ☐ QUIET
- ☐ OTHER:

BREAKFAST: _____

LUNCH: _____

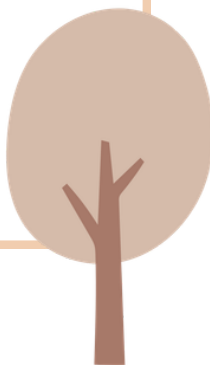
DINNER: _____

SNACKS: _____

ACTIVITIES

- ☐ INDOOR
- ☐ OUTDOOR
- ☐ PLAY DATE
- ☐ FIELD TRIP
- ☐ MOVIES/TV
- ☐ READING
- ☐ CRAFTS
- ☐ OTHERS:

NOTES





THE PETS



NAME: _____ **MEDICAL CONDITIONS:** _____

FEEDING (TIME,TYPE,AMOUNT) _____

MEDICATIONS: _____

WALKS & ACTIVITIES: _____ **VET NAME:** _____

_____ **VET PHONE #:** _____

NEED TO KNOW:

NAME: _____ **MEDICAL CONDITIONS:** _____

FEEDING (TIME,TYPE,AMOUNT) _____

MEDICATIONS: _____

WALKS & ACTIVITIES: _____ **VET NAME:** _____

_____ **VET PHONE #:** _____

NEED TO KNOW:

BABYSITTING INFORMATION

GENERAL

PARENT NAME: _____

PARENT CELL# : _____

PARENT CELL# : _____

HOME ADDRESS: _____

WIFI INFO: _____

KIDS

NAME

AGE

FOOD

BREAKFAST: _____

LUNCH: _____

DINNER: _____

SNACKS: _____

ALLERGIES: _____

ROUTINES

ACTIVITIES: _____

NAPS: _____

BEDTIMES: _____

IN EMERGENCY

EMERGENCY CONTACT: _____

POISON CONTROL: _____

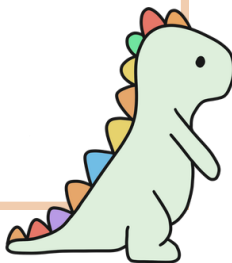
PEDIATRICIAN: _____

HEALTH INSURANCE INFO: _____

POLICE NON-EMERGENCY: _____

FIRE: _____

NOTES





DAY OUT



BABYSITTER INFO

WHERE WE ARE: _____

WHEN WE'LL BE BACK: _____

CONTACT #: _____

CONTACT #: _____

INSTRUCTIONS

KID'S INFORMATION

ALLERGIES: _____

MEDICATIONS: _____

NAME: _____

BEDTIME: _____

NAME: _____

BEDTIME: _____

NAME: _____

BEDTIME: _____

NAME: _____

BEDTIME: _____

EMERGENCY

OUR ADDRESS: _____

NAME: _____

NUMBER: _____

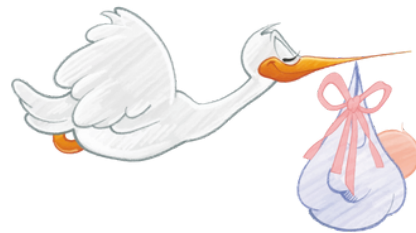
NAME: _____

NUMBER: _____

IF NOT ANSWER THEN CALL: _____



EVENING OUT



BABYSITTER INFO

WHERE WE ARE: _____

WHEN WE'LL BE BACK: _____

CONTACT #: _____

CONTACT #: _____

INSTRUCTIONS

KID'S INFORMATION

ALLERGIES: _____

MEDICATIONS: _____

NAME: _____

BEDTIME: _____

NAME: _____

BEDTIME: _____

NAME: _____

BEDTIME: _____

NAME: _____

BEDTIME: _____

BEDTIME ROUTINE

BEDTIME: _____

- BOTTLE/DRINK
- PAJAMAS
- DIAPER/POTTY
- BRUSH TEETH
- BOOK
- TOY/BLANKET
- MUSIC
- NIGHT LIGHT

BEDTIME: _____

- BOTTLE/DRINK
- PAJAMAS
- DIAPER/POTTY
- BRUSH TEETH
- BOOK
- TOY/BLANKET
- MUSIC
- NIGHT LIGHT

BEDTIME: _____

- BOTTLE/DRINK
- PAJAMAS
- DIAPER/POTTY
- BRUSH TEETH
- BOOK
- TOY/BLANKET
- MUSIC
- NIGHT LIGHT

BEDTIME: _____

- BOTTLE/DRINK
- PAJAMAS
- DIAPER/POTTY
- BRUSH TEETH
- BOOK
- TOY/BLANKET
- MUSIC
- NIGHT LIGHT

THE DAY

MEALS & SNACKS

	TIME	FOOD
B		
L		
D		
S1		
S2		
OTHER		

FOOD PREPARATION & SAFETY

NOTES & NEED TO KNOW

ROUTINE

6 am	
7 am	
8 am	
9 am	
10 am	
11 am	
12 pm	
1 pm	
2 pm	
3 pm	
4 pm	
5 pm	
6 pm	
7 pm	
8 pm	
9 pm	
10 pm	
11 pm	
12 pm	

BABYSITTER CONTACTS

NAME: _____

AGE: _____ **PHONE #:** _____

AVAILABILITY: _____

EXPERIENCE WITH OUR KIDS: _____

NOTES: _____

NAME: _____

AGE: _____ **PHONE #:** _____

AVAILABILITY: _____

EXPERIENCE WITH OUR KIDS: _____

NOTES: _____

NAME: _____

AGE: _____ **PHONE #:** _____

AVAILABILITY: _____

EXPERIENCE WITH OUR KIDS: _____

NOTES: _____

NAME: _____

AGE: _____ **PHONE #:** _____

AVAILABILITY: _____

EXPERIENCE WITH OUR KIDS: _____

NOTES: _____

MEDICATION LOG

CHILD'S INFORMATION

NAME: _____ BIRTH DATE: _____

APPROVED MEDICATIONS: _____

DATE	TIME	MEDICATION	DOSE	NOTES

NOTES: